

Effective October 1, 2000

Application or Docket Number

09/879024

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |  |                                    |              |                              |                                       |                | SMALL ENTITY TYPE  |                        |        | OTHER THAN OR SMALL ENTITY |                         |  |
|--|--|--|------------------------------------|--------------|------------------------------|---------------------------------------|----------------|--------------------|------------------------|--------|----------------------------|-------------------------|--|
| TOTAL CLAIMS   |  |  | 71                                 |              |                              |                                       | l              | RATE               | FEE                    | ]      | RATE                       | FEE                     |  |
| FOR  |  |  | NUMBER FILED                       |              | NUMB                         | ER EXTRA                              |                | BASIC FEE          | 355.00                 | OR     | BASIC FEE                  | 710.00                  |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | 2/ minus 20=                       |              | *                            | 1                                     |                | X\$ 9=             | 9.00                   | OR     | X\$18=                     |                         |  |
|  | EPENDENT CL                              |  | 3 minus 3 =                        |              | 0                            |                                       |                | X40=               | ,                      | OR     | X80=                       |                         |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |                                    |              |                              |                                       | +135=          |                    | OR                     | +270=  |                            |                         |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |                                    |              |                              |                                       | L              | TOTAL              | 36400                  | ΌR     | TOTAL                      |                         |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |  |                                    |              |                              |                                       |                |                    |                        |        |                            | OTHER THAN SMALL ENTITY |  |
|  |  | (Column 1)   |                                    |              | HEST                         | (Column 3)                            | ,<br>T         | OMALL              |                        | )<br>  | OIIIALL                    |                         |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT                                |                                    | PREVI        | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA                      |                | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE  |  |
|  | Total                                    | *  | Minus                              | **           |                              | =                                     | ] [            | X\$ 9=             |                        | OR     | X\$18=                     |                         |  |
| AME  | Independent                              | dependent  |                                    | T CL AIM     | =                            |                                       | X40=           |                    | OR                     | X80=   |                            |                         |  |
|  |  |  |                                    |              |                              |                                       |                | +135=              |                        | OR     | +270=                      |                         |  |
|  |  |  |                                    |              |                              |                                       |                | TOTAL              |                        | OR     | TOTAL<br>ADDIT. FEE        |                         |  |
| ADDIT. FEE L   |  |  |                                    |              |                              |                                       |                |                    |                        |        | ADDII. FEET                |                         |  |
| Г  | 7.00                                     | CLAIMS   |                                    | HIGI         | HEST                         | (Column o)                            | 7 г            |                    | ADDI-                  |        |                            | ADDI                    |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT                                | 200                                | PREVI        | MBER<br>IOUSLY<br>FOR        | PRESENT<br>EXTRA                      |                | RATE               | TIONAL<br>FEE          |        | RATE                       | ADDI-<br>TIONAL<br>FEE  |  |
| NDM  | Total                                    | *  | Minus                              | **           |                              | = .                                   |                | X\$ 9=             |                        | OR     | X\$18=                     |                         |  |
| AME  | Independent                              | *<br>NTATION OF MI   | Minus                              | ***          | T CL AIM                     | =                                     | 11             | X40=               |                        | OR     | X80=                       |                         |  |
| -  | TINOT PALSE                              | INTACION OF MI   | JETIFEE DEF                        | LINDLIN      | 1 OLAIM                      |                                       | <b>」</b> [     | +135=              |                        | OR     | +270=                      |                         |  |
|  |  |  |                                    |              |                              |                                       | L              | TOTAL<br>DDIT. FEE |                        | OR     | TOTAL<br>ADDIT. FEE        | V 1                     |  |
|  |  | (Column 1)   |                                    |              | mn 2)                        | (Column 3)                            |                |                    |                        |        |                            |                         |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                                    | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                      | $\Big]  \Big[$ | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE  |  |
|  | Total                                    | *  | Minus                              | **           |                              | =                                     | 11             | X\$ 9=             |                        | OR     | X\$18=                     |                         |  |
|  | Independent                              | NTATION OF M   | Minus                              | ***          | T CL AINA                    | =                                     | ┨╏             | X40=               |                        | OR     | X80=                       |                         |  |
| <u> </u>   | <del></del>                              |  |                                    | :            | .1.                          | · · · · · · · · · · · · · · · · · · · | <b>4</b>       | +135=              |                        | OR     | +270=                      |                         |  |
| ••   | If the "Highest Nu<br>If the "Highest Nu | mn 1 is less than t<br>mber Previously P<br>Imber Previously P | aid For" IN THI<br>aid For" IN THI | S SPACE      | is less than                 | n 20, enter "20.<br>n 3, enter "3."   | ^              | TOTAL<br>DDIT. FEE |                        |        | TOTAL<br>ADDIT. FEE        |                         |  |
|  | The "Highest Nun                         | nber Previously Pa   | id For" (Total or                  | Independ     | dent) is the                 | highest number                        | er four        | nd in the app      | propriate box          | in col | umn 1.                     |                         |  |